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DEPARTMENT OF VISITING NURSING AND SOCIAL WELFARE

IN CHARGE OF

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ANNUAL REPORTS

The Chicago Visiting Nurse Association in 1912 cared for 31,970 patients, making 162,425 calls to their homes, an average of 5.0 calls to each patient. This was slightly increased during 1913, when 185,757 visits were made to 32,523 patients, an average of 5.7 calls per patient. Eliminating the "one-call-only" patients, who were not found, or were dismissed immediately to a hospital, dispensary, or some other agency, would raise the average number of calls still more, but even this average does not compare favorably with the following, gleaned from various annual reports: Cleveland, 7 calls per patient; Grand Rapids, 8; Worcester (1905–1910), from 14 to 19; Toledo, Philadelphia and Jamestown, N. Y., 11; Boston, 10 and 11 (1910–1912); Milwaukee and Baltimore, 6; Buffalo, 16.

Of course local conditions, economic, geographical and social, make every community a law unto itself, but in time we may arrive at comparative totals that will help us remedy or justify the discrepancy between an average of 4 visits in one large city and 19 in another (not so large). Why should the cost per visit, according to annual reports, be 27 cents in one city and 84 cents in another, or the treasurer's statement of expenditures and the superintendent's classification of visits be so obscurely phrased that it is impossible for the reader to arrive at the cost?

In small communities, where transportation does not have to be considered, and where friends give most of the supplies, the cost per visit can be materially reduced, but the annual report would be more helpful if this could be shown. It is impossible to estimate in fractions of dollars the value of the service of the visiting nurse associations to the recipients of the visits, but any association that handles public funds should be as well conducted as any reliable business house and should be able to show that it is giving value received to every subscriber. Can associations averaging 25 and 31 cents per visit cost, justify the quality of their service in this day of the high cost of living,

and on the other hand, are associations that average 84, 79, 66 cents per visit making every effort to cut down to the more frequently-found average of 47 to 52 cents per visit? Do not the first averages suggest too many pupil or non-graduate visiting nurses, while the latter is indicative of relief-giving and dispensary and home maintenance that should be subtracted from the grand total of expenditures in order to show, approximately, at least, the cost of the work in the homes?

In a very helpful, suggestive address, delivered at the Atlantic City Conference, Dr. Lee K. Frankel, of the Metropolitan Life Insurance Company, said:

> I take it that the practice of most associations will show that the actual cost of nursing service will average from 45 to 50 cents per visit. It should be mentioned here, however, that in a number of instances in our experience the cost of nursing service is above this amount. I think it is an open question whether a large extension of the visiting nurse service to the working classes can be looked forward to, if the cost of such service goes far beyond 50 cents per visit. Even this amount is beyond the ability of the average workman to pay for any continuous period, unless payment can be made through the premiums which he pays for his insurance. I question whether any large number of employers would consider a service of this kind if the cost ran above the figure just cited. Similarly municipal visiting nurse service will probably be limited in its extension unless the cost can be kept within bounds.

Established visiting nurse associations have a double responsibility, first, to their own communities, second to the struggling, recently-organized associations in similar communities, who look to them for help in the details of management. Not a week passes but these first organizations receive requests for reports, literature and records, and the office of the National Organization for Public Health Nursing is deluged with inquiries of all sorts. Reports are of particular assistance if they are clearly expressed and if the work is described in sufficient detail to enable the reader to grasp the salient features of the local problems and to decide for himself that the work is needed, is well done, and is progressive. In too many reports, minor details are dwelt on too exclusively; in others unadorned statistics are supposed to tell the whole story and the reader is left to get all the desired information from "between the lines." Statistics are valuable because they show the extent of the problem (in our case the need of nursing care in the homes) and because they serve as a basis of research which must be undertaken before the public and legislators are convinced that conditions are bad and need reforming.

We have school and tuberculosis nurses today because Henry Street Settlement and the Chicago, Cleveland and Baltimore Visiting Nurse Associations made the needed contribution of a nurse's time and money

to demonstrate the value of those services to the children and the citizens at large.

Reports are valuable because they give a record of the society's work and its results, and possibly its plans for the future. (It is well to have plans, even if they are changed every year or two. The vision of a bigger, better, saner future always makes more worth doing well the simplest act of today.) A report should render a careful accounting of moneys received and disbursed, and if this is audited by a public accountant, he will be able to suggest the best classification of details. It should also describe the actual work accomplished so that the growth of the work may be clearly seen. It is desirable to show increase or decrease in work. Decrease in certain statistics might indicate a decided increase in the quality of the work accomplished or it might indicate that public agencies were gradually assuming the responsibilities originally borne by the private societies.

Statistics should be carefully classified, the number of visits should be separated from the number and kinds of people, dressings kept clear from interviews, duplications of anything should be carefully weeded out. Old patients and new patients should be clearly designated. Are the new patients individuals never known to the association before, or are they persons treated at different times for different ailments? In a society handling thousands of cases annually, with the aid of a limited clerical force, how is this last classification to be made? How is it made in hospitals, in charity organization societies? If columnar tables are used, all the printer's art should be exercised to make the page intelligible. Totals should not be promiscuously arrived at. The results occasionally seen "grand totaled" in some annual reports remind one of the "number problems" in old arithmetics: "If you had two apples and two oranges, how many would you have?" And the trusting pupil that guessed four, passed to the head of the class.

It has been said that "Figures don't lie, but liars figure," and even unintentional juggling of statistics is hard to condone. Annual reports are not easily compiled. They are sometimes considered unnecessary luxuries, but they are really valuable adjuncts to the work of every organization. Current reports render an account of one's stewardship, and serve as a basis of further appeal. Past reports are the archives of the successes and failures of the work accomplished. One can scarcely afford to be without them.

Sherman Kingsley has been quoted as saying that he always wanted to make sure that his reports would arrive on the desk, not in the waste-baskets of his subscribers, and to achieve this longed-for distinction, an annual report must be worth while from the outsider's viewpoint.

A Chicago visiting nurse, who recently left to assume charge of visiting nurse work in another city, was asked to state her plans for future growth, and they are so helpful that they are given here.

The greatest hope, to reach more homes. This may be accomplished, (a) through the county agent's office; (b) through the attending physician; (c) by leaving a visiting nurse card in the home of each dismissed patient; (d) by an untiring effort on the part of each to explain to each friend the exact meaning of the association; (e) by reaching into the home of the wage-earning man, who possibly has an income of from $18 to $25 a week. A man on this wage, even thought it be regular, is not able to pay a graduate nurse. Personally I know many families in the city who would gladly pay for the service of a visiting nurse, the sum of 25 or 50 cents, when they would never think of having her come into their homes now, as they feel that it would be accepting charity.

I believe that every family that is not registered with some charitable organization should pay some small fee for the calls. It may be only a "widow's mite" but it is enough to encourage the self-respect of the family. This must necessarily be taught in a kindly manner. It has been proved that the family that pays even a small sum for such teachings and services, is the one that follows instructions most carefully and places a higher value on the call. We know that we ourselves value most that which has cost us some sacrifice or effort, to obtain, rather than something that may be had for the asking. I hope also to make our work more instructive, i.e., to teach "how" and "why;" this is to be done while nursing care is being given.

ITEMS

OHIO. The seventh annual report of the Babies Dispensary and Hospital of Cleveland is full of splendid illustrations, suggestive tables and interesting stories. One beautiful picture, reproduced later in the *Survey*, shows a group of mothers with babies in their arms, standing under a very large copy of Murillo's "Mother and Child" that hangs in the waiting room of the dispensary. The photograph is entitled "Our Modern Madonnas," and the little ones look as if the protection of Mary's Blessed Babe was truly being vouchsafed to them in their helpless infancy. A better way of reminding our grown-up citizens of the sacred claims of babyhood could hardly have been devised. The photograph grips the heart.

The report is full of instances of coöperation for which Cleveland is famous. A three-months' post-graduate course for nurses has been established, and in addition fifteen graduate nurses and twenty-seven pupil nurses had from one to six weeks' observation and practice work with the regular staff nurses. The report contains eight individual reports, the President's, the Building Committee's, the Women's Board's, the Out-Door Ward, the Medical Directors', the Superintendent of Nurses', the Auxiliary Committee's, and the Treasurer's, and every one will bear careful reading.

Edith S. Morgan served as acting superintendent during the absence

of the superintendent of nurses, Harriet S. Leet, who spent the year at Columbia and in Europe. The whole report will repay careful study and analysis and reprinting, but there is room to quote only one sentence here, taken from the report of the Out-Door Ward. "The city paved the alleys on either side of the ward. This did away with most of the dust so annoying in past years." Is further evidence of Cleveland's very enlightened coöperation needed?

During 1912 Sarah B. Helbert, R.N., school instructor of the Anti-Tuberculosis League of Cincinnati, gave 497 lectures to a total of 43,254 pupils and teachers on the prevention of tuberculosis. A reprint of her interesting address given before the State Graduate Nurses' Association of Indiana, at Indianapolis, in October, 1913, appears in the *Lancet-Clinic* for November 15, 1913.

Elizabeth G. Fox (Johns Hopkins), Superintendent of the Dayton Visiting Nurse Association, has been asked to address the students of her Alma Mater at the second biennial vocational conference, to be held at the University of Wisconsin this month. Her paper is to be "The Nursing Profession and the College Graduate."

ILLINOIS. Hildur Ekman (Ravenswood Hospital, Chicago,) has resigned from the staff of the Chicago Visiting Nurse Association, and accepted the position of visiting nurse of the Cheerful Home Settlement of Quincy, Ill.

Isabel Kellman (Augustana, Chicago,) has gone to Litchfield, Illinois, to organize visiting and tuberculosis nursing, under the auspices of the Litchfield Women's Club.

Flora B. Glenn, Superintendent of Nurses of the Municipal Tuberculosis Sanitarium, Dispensary Department staff resigned her position in December, to assume charge of a home of her own in Galveston, Texas. The love, respect and good wishes of more than the tuberculosis nurses only, follow Mrs. Robert Grant Cousley, to her new home. Rosalind Mackay, former head nurse of the dispensary at the Stock Yards district is acting superintendent.

The out-door uniform of the Chicago Visiting Nurse Association consists of a blue felt hat and long, blue coat, on the left sleeve of which is embroidered, in white, the letters "V.N.A." Recently two of the nurses were visiting industrial classes of a large institutional church, and three little girls were heard disputing the meaning of the letters. Virginia, North America, was about to receive the deciding vote, when one child sang out, suddenly "I know, I know. Very Nice Americans." Can a visiting nurse seek or desire a finer appellation?

February 3 was registration day in Illinois, and 25 of the 69 nurses on the staff registered in their home wards. The superintendent registered and voted for university trustees a year ago.